

**CHILDRESS COUNTY APPRAISAL DISTRICT
APPLICATION FOR EMPLOYMENT**

AN EQUAL OPPORTUNITY EMPLOYER

Date of Application _____ Position(s) Applied For _____

Name _____ Telephone _____

Address _____
Street City State Zip Code

Have you ever been employed by CHILDRESS CAD before? ☐ Yes ☐ No
If yes, give date: _____

Are you currently employed? ☐ Yes ☐ No
If yes, may we contact your present employer? ☐ Yes ☐ No

Have you been told the essential functions of the job? ☐ Yes ☐ No

Can you perform these essential functions with or without reasonable accommodation? ☐ Yes ☐ No

When are you available to work? ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you available to work evenings and/or weekends? Yes ☐ No ☐

Are you willing to work overtime? Yes ☐ No ☐

Have you ever been convicted of a felony or a crime involving moral turpitude, such as theft or fraud by check?
Yes _____ No _____

If yes, provide the number of conviction(s), nature of offense(s) leading to all convictions, how recently such offense(s) was/were committed, sentence(s) imposed, and types of rehabilitation: _____

(Note: No applicant will be denied employment solely on the grounds of a criminal conviction. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

On what date would you be available for work? _____

Wage or salary desired: _____

EDUCATION

	NAME AND LOCATION OF SCHOOL	MAJOR	DIPLOMA/DEGREE
High School			
College/University			
College/University			

WORK HISTORY

Most Recent Employer	Dates Employed From:	To:
Address	Telephone	
Job Title	Hourly Rate/Salary Starting:	Final:
Name and Title of Supervisor		
Description of Duties		
Reason for Leaving		
May we contact this previous employer? Yes_____ No_____		

Previous Employer	Dates Employed From:	To:
Address	Telephone	
Job Title	Hourly Rate/Salary Starting:	Final:
Name and Title of Supervisor		
Description of Duties		
Reason for Leaving		
May we contact this previous employer? Yes_____ No_____		

Previous Employer	Dates Employed From:	To:
Address	Telephone	
Job Title	Hourly Rate/Salary Starting:	Final:
Name and Title of Supervisor		
Description of Duties		
Reason for Leaving		
May we contact this previous employer? Yes_____ No_____		

Previous Employer	Dates Employed From:	To:
Address	Telephone	
Job Title	Hourly Rate/Salary Starting:	Final:
Name and Title of Supervisor		
Description of Duties		
Reason for Leaving		
May we contact this previous employer? Yes_____ No_____		

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge.

REFERENCES

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1. Name: _____ Telephone: _____

Address: _____

2. Name: _____ Telephone: _____

Address: _____

3. Name: _____ Telephone: _____

Address: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby authorize the investigation of all statements contained in this application. I understand that any misrepresentation or omission of facts called for in this Application for Employment is cause for dismissal at any time without any prior notice. I hereby give Childress CAD permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Childress CAD from any liability as a result of such contact.

I understand that employment with CHILDRESS CAD is "at will" which means that either I or CHILDRESS CAD can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

Signature of Applicant

Date

AUTHORIZATION FOR A CRIMINAL BACKGROUND SEARCH

I, _____ (Full Name) authorize CHILDRESS CAD to perform a criminal background search solely as a reference for possible employment with CHILDRESS CAD.

Driver's License Number

State

Date

Signature

Witness